**Financial Aid Office**  
**MI-Reconnect Leave of Absence Form**

In addition to being enrolled at least half-time (6 or more credit hours), the MI-Reconnect program requires that students attend at least two semesters within a twelve-month period. Students who do not meet these criteria lose their eligibility for the program. Please keep in mind that the credit hours you attend must apply towards your program of study at MCCC.

We know that life and program availability often can get in the way as you are attending college. Due to this, there is an option for you to appeal the “continuous enrollment” requirement and request that you be allowed to continue as a MI-Reconnect recipient. By completing this appeal form, you are requesting reinstatement of eligibility for the program.

Appeals will be reviewed on a case-by-case basis. Appeals may be granted for reinstatement or denied reinstatement.

### Please complete the following:

<table>
<thead>
<tr>
<th>Select your Appeal Reason (Select One):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardship</td>
<td></td>
</tr>
<tr>
<td>Program Waitlist or Course Availability</td>
<td></td>
</tr>
<tr>
<td>Issues with obtaining an internship</td>
<td></td>
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<tr>
<td>Religious commitment expected of all students of my faith</td>
<td></td>
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</tbody>
</table>

**Required:** Attach a brief explanation to support your reason. *Students who submit insufficient explanations will be notified by the Financial Aid Office via Email or a phone call.***

I certify that the information reported on this form is true and correct. I understand that my submission of the appeal does not guarantee an approval from the financial aid office.

Student’s Signature: _____________________________________________  Date: _____ / _____ / _____

### Submission Instructions:

You must print, sign, submit and return one of the following ways:

**Mail:**  
Monroe County Community College  
Financial Aid Office  
1555 South Raisinville Road  
Monroe, MI 48161-9746  
Scan and email to: fastudent@monroeccc.edu

**Office Use Only:**

- [ ] Approved for _________________ semester
- [ ] Denied

FA Signature: _____________________________________________  Date: _____ / _____ / _____